



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Robert B. MAGILL et al.

Appl. No.: 10/606,753

Confirmation No. 5555

Filed: June 27, 2003

For: APPARATUS AND METHOD TO
SWITCH PACKETS USING A
SWITCH FABRIC WITH
MEMORY

Art Unit: 2661

Examiner: Unassigned

Atty. Docket No.: 32172-188433

Customer No.

26694

PATENT TRADEMARK OFFICE

TRANSMITTAL OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Attached is a supplemental application data sheet. This is submitted the correct the first and second inventors addresses to read 10791 Crest Street, Fairfax, VA 22030 and 3240 Old Hickory Place, Ann Arbor, MI 48104, respectively.

Respectfully submitted,

Date: October 29, 2003

Michael A. Sartori, Ph.D.

Registration No. 41,289

VENABLE

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Washington, D.C. 20043-9998

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APPLICATION DATA SHEET

Application Information

Application Number:: 10/606,753

Filing Date:: June 27, 2003

Application Type:: Non-Provisional

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CFR)?::

Number of Copies of CFR::

Title:: APPARATUS AND METHOD TO SWITCH PACKETS USING A SWITCH FABRIC WITH MEMORY

Attorney Docket Number:: 32172-188433

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?::

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: USA
Country:: USA
Status:: Full Capacity
Given Name:: Robert
Middle Name:: B.
Family Name:: MAGILL
Name Suffix::
City of Residence:: ~~Mishawaka~~ Fairfax
State or Province of Residence:: ~~Indiana~~ Virginia
Country of Residence:: USA
Street of Mailing Address:: ~~54750 Bonnet Hill Trail~~ 10791 Crest St.
City of Mailing Address:: ~~Mishawaka~~ Fairfax
State or Province of Mailing Address:: ~~Indiana~~ Virginia
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: ~~46545~~ 22030

Applicant Authority Type:: Inventor
Primary Citizenship:: USA
Country:: USA
Status:: Full Capacity
Given Name:: Kenneth
Middle Name:: P.
Family Name:: LABERTEAUX
Name Suffix::
City of Residence:: ~~South Bend~~ Ann Arbor
State or Province of Residence :: ~~Indiana~~ Michigan
Country of Residence:: USA

Street of Mailing Address:: ~~609 E. Oakside St.~~ 3240 Old Hickory Place
City of Mailing Address:: ~~South Bend~~ Ann Arbor
State or Province of Mailing Address:: ~~Indiana~~ Michigan
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: ~~46614-1210~~ 48104

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Correspondence Information

Correspondence Customer **26694**
Number::

Phone Number:: **(202) 962-4800**

Fax Number:: **(202) 962-8300**

E-Mail Address::

Representative Information

Representative Customer **26694**
Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Current	Non-Provisional of	60/392,422	June 27, 2002
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Tellabs Operations, Inc.
Street of Mailing Address:: One Tellabs Center
1415 West Diehl Road, MS 16
City of Mailing Address:: Naperville
State or Province of Mailing Address:: Illinois
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 60563

DC2-467124